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New Perinatal Hepatitis B Case Investigators Hired

Jean Svendsen, RN
Chief Nurse Consultant

The ISDH greatly appreciates the efforts of local health departments (LHD) regarding surveillance of perinatal hepatitis B cases during the period of restructuring for the perinatal hepatitis B program. Recently, the ISDH Immunization Program hired a coordinator for the perinatal hepatitis B program as well as field investigators, and a new reporting procedure has been established.

When the LHD receives a notification for follow-up on a hepatitis B positive female between 12-50 years of age, the LHD will determine the pregnancy status. If case is pregnant, the LHD should immediately contact Cindy Brown, the ISDH Perinatal Hepatitis B Coordinator. Contact may be made by phone at 317.234.3072; by e-mail at cybrown@isdh.IN.gov; or by faxing the Hepatitis B Case Investigation form (State Form number 52587) to Cindy Brown at 317.233.3719. Please do not include case names in e-mail messages.

Upon notification, Cindy will forward cases to the appropriate perinatal hepatitis B field investigators. The case investigator will conduct follow-up of the pregnant woman, her contacts, and her baby. The LHD should also continue to fax the completed Hepatitis B Case Investigation form (State Form #52587) **and** the Perinatal Hepatitis B Case Investigation form (State Form number 52589) to Jean Svendsen at 317.234.2812.

If the female case is not pregnant, the LHD needs to complete the Hepatitis B Case Investigation and fax it to Jean Svendsen at 317.234.2812.

If the LHD receives a request for follow-up on a previously submitted hepatitis B case or a confirmed chronic hepatitis B case of a female between 12-50 years of age, the pregnancy status still needs to be confirmed. The LHD should complete the Hepatitis B Case Investigation form, excluding Section 4, and fax it to Jean Svendsen at 317.234.2812.

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For questions regarding hepatitis B case surveillance, please contact Jean Svendsen at 317.233.7825.

May Is National Hepatitis Awareness Month

Cheryl Pearcy
Hepatitis C Coordinator

On March 3, 2006, the Indiana State Department of Health (ISDH) sponsored a teleconference for the purpose of brainstorming on activities that could be held during May, which has been designated National Hepatitis Awareness Month. Plans are currently under way for HEPFEST, a festival designed to promote public awareness regarding hepatitis. HEPFEST will be on Saturday, May 6th, on the grounds of Auburn, Indiana's WWII museum in Dekalb County and will feature music from Synergy. Food will be provided along with games for the kids. Hepatitis A and B vaccine will be given to the first two adults requesting it. Free testing for Hepatitis C and HIV will also be conducted. Political candidates will also be invited. For more information, contact Cindy Clark at cclark@isdh.IN.gov

For groups wishing to participate on a local level, suggestions from the teleconference included fliers, posters, public service announcements, health fairs, and articles in publications geared toward target populations (e.g., Hispanic and Gay/Lesbian/Transgender newsletters). Implementing vaccine awareness promotions in local high schools by partnering with the "Vaccinate Before You Graduate" program was also mentioned. A similar idea suggested that colleges and universities partner with local HIV services to educate and test for hepatitis. Additional suggestions included mass hepatitis testing in county jail facilities with a primary emphasis on prevention and education and having booths at area motorcycle festivals/bike rallies, again emphasizing awareness and prevention.

Hepatitis materials, posters, and brochures will be available by contacting Beth Easters at beth.easters@roche.com and Misha Honaker at Misha.J.Honaker@gsk.com Please contact Beth Easters for more information.

Lack of funding and the inability to travel are often cited as reasons not to participate. With a topic as timely and vital as Hepatitis Awareness, the importance is not so much on WHAT the activity is as that there IS an activity, particularly this May.

For more information, please contact Cheryl Pearcy at cpearcy@isdh.IN.gov.



Under The Microscope

Spotlight on Laboratory Issues

Role of Sentinel Laboratories

Robert Lindner, MD, PhD, FCAP
Director of Laboratories

Hospital, public, and private clinical laboratories play important roles in the recognition of agents of biological and chemical terrorism. These laboratories are referred to as **Sentinel Laboratories** and are part of the Laboratory Response Network (LRN). The LRN is a consortium and partnership of laboratories that provide immediate and sustained laboratory testing and communication in support of public health emergencies, particularly in response to acts of terrorism. The LRN is comprised of local, state, and federal public health laboratories. In addition, private and commercial clinical laboratories, as well as selected food, water, agricultural, military, and veterinary testing laboratories may be included in the LRN.

The Sentinel Laboratories in your hospital or jurisdiction, in concert with local health care providers, may recognize or suspect that an infectious select agent, such as anthrax, or a toxic select agent, such as ricin, may be the cause of a disease in a patient. When this suspicion arises, laboratories should immediately notify the appropriate state reference laboratory, such as the Indiana State Department of Health (ISDH) Laboratory. In addition, laboratories should request consultation from the ISDH Epidemiology Resource Center.

The Centers for Disease Control and Prevention (CDC) has certified and provided equipment, technologies, and training to the ISDH Laboratory to perform both rapid assays (such as Real Time-PCR) and confirmatory assays for certain select agents. Currently, the ISDH Laboratory is the only laboratory in Indiana that utilizes LRN-certified methods. Therefore, specimens suspicious for select agents should be transported to the ISDH Laboratory as quickly as possible. For potential infectious select agents, transfer of specimens should be guided by United States and commercial regulations, which require proper packing, documentation, and shipment to protect the public, airline workers, couriers, and other persons who work for commercial shippers and couriers. Proper packing and shipping of “dangerous goods” will reduce the exposure of the shipper to the risks of criminal and civil liabilities associated with shipping **infectious agents**.

For patients suspected of exposure to chemical select agents, the ISDH Laboratory can analyze blood and urine specimens for certain chemical agents or forward specimens as directed by the CDC. Therefore, in a suspected or an actual chemical terrorism event, the hospital or clinical laboratory is responsible for collecting blood and urine specimens from potentially exposed persons and submitting these samples to the ISDH for analysis or for forwarding as directed by the CDC. Laboratories must use guidelines designed to prevent specimen deterioration when submitting specimens for the identification of chemical or toxic select agents and must follow forensic evidentiary practices and chain of custody.

In order to properly pack and ship an **infectious select agent**, follow the “Laboratory Guideline on Packing and Shipping Diagnostic and Clinical Specimens, Infectious Substances, and Biological Agents” provided by the American Society of Microbiology (ASM). This document can be found at <http://www.asm.org>. The ASM also has standardized testing protocols designed to utilize conventional tests to facilitate the evaluation of a suspicious isolate (see ASM Sentinel Clinical Microbiology Laboratory Guidelines).

*Although some Sentinel Laboratories are capable of providing “presumptive identification” of some select agents, they **SHOULD NOT** take the time to do this before sending the suspicious samples to the ISDH Laboratory for definitive identification. When a select agent is suspected, the Sentinel Laboratory **SHOULD NOT** perform additional testing for the agents and should discontinue manipulation of cultures, other than what is absolutely essential. Further, the Sentinel Laboratory **SHOULD NOT** send the specimens to a reference laboratory.*

*The Sentinel Laboratory **SHOULD** call the ISDH at 866.233.1237 to contact the ISDH Laboratory and the ISDH Epidemiology Resource Center.*

Additional resources for Biological Agents:

<http://www.bt.cdc.gov/labissues/> CDC Emergency Preparedness and Response

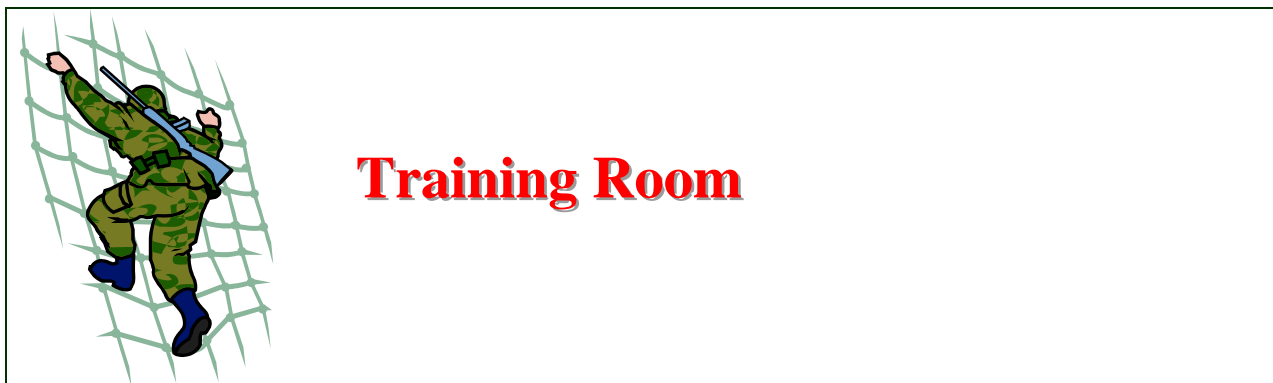
<http://www.IN.gov/isdh/index.htm> Indiana State Department of Health

<http://www.IN.gov/dhs/> Indiana Department of Homeland Security

<http://www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm> Biosafety in Microbiological & Biomedical Laboratories (BMBL)

The ISDH Emergency Preparedness Laboratory will be providing training for Sentinel Laboratories (see training schedule in this newsletter issue).

Please contact Dr. Robert Lindner (317.233.8009 [voice], 317.233.8003 [fax], or rlindner@isdh.IN.gov [e-mail]) for questions or concerns about these protocols.



Public Health Nurse Training Conference

The ISDH Epidemiology Resource Center (ERC) is sponsoring a public health nurse training conference on Thursday, May 25, 2006, from 9:00 a.m.-4:00 p.m., E.D.T., in Conference Room B of the Indiana Government Center South (IGCS). The IGCS is located at 402 West Washington Street, Indianapolis, in the block between Senate Avenue and West Street.

This training, targeted to public health nurses, includes the latest information on several disease topics, including:

Hepatitis B	Interviewing Methods
Hepatitis C	Laboratory Specimen Collection
Tuberculosis	Field Epidemiology
Avian Influenza	Minority Health
West Nile Virus	Syndromic Surveillance
Vaccine-Preventable Diseases	

This session will provide a great opportunity to meet new ISDH staff members. Classroom-style seating will be available for 125 participants. There is no registration fee, and all training materials will be provided. Participants will have one hour for lunch on their own and access to shopping in downtown Indianapolis.

Free parking will be available in the IGC parking garage located at Maryland and West Streets. From West Street, turn east onto Maryland Street (one-way east) and turn left onto Missouri Street (first stoplight). Enter the garage at entrance #1 and present the parking pass below to the attendant.

To register, please contact Trish Manual at 317.234.2809 or tmanuel@isdh.IN.gov **no later** than May 22, 2006.

Please allow this person to park in the Indiana Government Center parking garage at no charge in order to attend the Public Health Nurse Training Conference in Conference Room B of the Indiana Government Center South today, May 25, 2006, from 9:00 a.m.-4:30 p.m. This event is sponsored by the Indiana State Department of Health, Epidemiology Resource Center.

INDIANA STATE DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM PRESENTS:

Immunizations from A to Z

Immunization Health Educators offer this FREE, one-day educational course that includes:

- Principles of Vaccination
- Childhood and Adolescent Vaccine-Preventable Diseases
- Adult Immunizations
 - Pandemic Influenza
- General Recommendations on Immunization
 - Timing and Spacing
 - Indiana Immunization Requirements
 - Administration Recommendations
 - Contraindications and Precautions to Vaccination
- Safe and Effective Vaccine Administration
- Vaccine Storage and Handling
- Vaccine Misconceptions
- Reliable Resources

This course is designed for all immunization providers and staff. Training manual, materials, and certificate of attendance are provided to all attendees. Please see the Training Calendar for presentations throughout Indiana. Registration is required. To attend, schedule/host a course in your area or for more information, please contact **Lynae Granzow** at 317.460.3669 or lgranzow@isdh.IN.gov; **Angie Schick** at 317.460.3671 or aschick@isdh.IN.gov; or <http://www.IN.gov/isdh/programs/immunization.htm>.

Biological and Chemical Terrorism Preparedness for Clinical Laboratories

The Indiana State Department of Health (ISDH) invites you to participate in a full-day workshop, offered free of charge at sites throughout the State of Indiana. We have

designed this workshop to assist your facility with Biological and Chemical Preparedness Activities. We encourage you to attend one of these sessions to update your knowledge about biological and chemical agents, including packaging and shipping; the Laboratory Response Network; laboratory safety; and chain-of-custody requirements and to interact with staff from the ISDH as well as colleagues from area facilities.

Date	District	Hospital	Address	City
April 6	5	Community Hospital North	7150 Clearvista Dr Indianapolis, IN 46256	Indianapolis
April 10	10	St Mary's Medical Center	6 th and Cherry Evansville, IN 47701	Evansville
April 12	5	Hendricks Regional Health	100 East Main St Danville, IN 46122	Danville
April 24	2	St Joseph Regional Medical Center	1915 Lake Ave Plymouth, IN 46563	Plymouth
May 11	7	Landsbaum Center	1433 N. 6 ½ St Terre Haute, IN 47897	Terre Haute
May 15	1	Methodist Southlake	8701 Broadway Merrillville, IN 46410	Merrillville
June 8	3	Lutheran Hospital of Indiana	7950 W. Jefferson Blvd Ft Wayne, IN 46804	Ft Wayne
June 12	6	Ball Memorial Hospital	2401 W. University Ave Muncie, IN 47303	Muncie
June 19	8	Bloomington Hospital	601 W. 2 nd St Bloomington, IN 47403	Bloomington
June 26	9	Dearborn County Hospital	600 Wilson Creek Rd Lawrenceburg, IN 47025	Lawrenceburg

Please register at least five business days prior to the date of the session that you wish to attend. No walk-in registrations will be accepted for these events.

ISDH Data Reports Available

**The ISDH Epidemiology Resource Center has the following data reports
and the Indiana Epidemiology Newsletter available on the ISDH Web Page:**

http://www.IN.gov/isdh/dataandstats/data_and_statistics.htm

HIV/STD Quarterly Reports (1998-Dec 05)	Indiana Mortality Report (1999, 2000, 2001, 2002, 2003)
Indiana Cancer Incidence Report (1990, 95, 96, 97, 98)	Indiana Infant Mortality Report (1999, 2002, 2003)
Indiana Cancer Mortality Report (1990-94, 1992-96)	Indiana Natality Report (1998, 99, 2000, 2001, 2002, 2003)
Combined Cancer Mortality and Incidence in Indiana Report (1999, 2000, 2001, 2002)	Indiana Induced Termination of Pregnancy Report (1998, 99, 2000, 2001, 2002, 2003, 2004)
Indiana Health Behavior Risk Factors (1999, 2000, 2001, 2002, 2003, 2004)	Indiana Marriage Report (1995, 97, 98, 99, 2000, 2001, 2002)
Indiana Health Behavior Risk Factors (BRFSS) Newsletter (9/2003, 10/2003, 6/2004, 9/2004, 4/2005, 7/2005, 12/2005, 1/2006)	Indiana Infectious Disease Report (1997, 98, 99, 2000, 2001)
Indiana Hospital Consumer Guide (1996)	Indiana Maternal & Child Health Outcomes & Performance Measures (1990-99, 1991-2000, 1992-2001, 1993-2002)
Public Hospital Discharge Data (1999, 2000, 2001, 2002, 2003)	

HIV Disease Summary

Information as of February 28, 2006 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

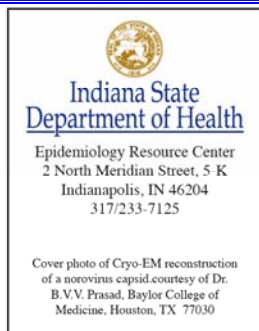
341	New HIV cases from March 2005 thru February 2006	12-month incidence	5.61 cases/100,000
3,618	Total HIV-positive, alive and without AIDS on February 28, 2006	Point prevalence	59.51 cases/100,000

AIDS cases to date:

369	New AIDS cases from March 2005 thru February 2006	12-month incidence	6.07 cases/100,000
3,839	Total AIDS cases, alive on February 28, 2006	Point prevalence	63.14 cases/100,000
7,863	Total AIDS cases, cumulative (alive and dead)		

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in February MMWR Weeks 5-8		Cumulative Cases Reported January –February MMWR Weeks 1-8	
	2005	2006	2005	2006
Campylobacteriosis	12	27	20	29
Chlamydia	1,607	1,661	3,231	3,174
<i>E. coli</i> O157:H7	2	4	2	6
Hepatitis A	2	1	3	2
Hepatitis B	1	1	1	1
Invasive Drug Resistant <i>S. pneumoniae</i> (DRSP)	10	13	16	16
Invasive pneumococcal (less than 5 years of age)	3	12	5	12
Gonorrhea	603	750	1,291	1,441
Legionellosis	2	1	4	1
Lyme Disease	1	0	1	0
Measles	0	0	0	1
Meningococcal, invasive	1	0	2	0
Pertussis	28	19	29	19
Rocky Mountain Spotted Fever	0	0	0	0
Salmonellosis	10	48	19	51
Shigellosis	8	12	8	13
Syphilis (Primary and Secondary)	4	5	8	13
Tuberculosis	11	7	16	18
Animal Rabies	0	0	0	0
For information on reporting of communicable diseases in Indiana, call the <i>Epidemiology Resource Center</i> at (317) 233-7125.				



The *Indiana Epidemiology Newsletter* is published monthly by the Indiana State Department of Health to provide epidemiologic information to Indiana health care professionals, public health officials, and communities.

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